

**Southern California University**  
**School of Oriental Medicine & Acupuncture**

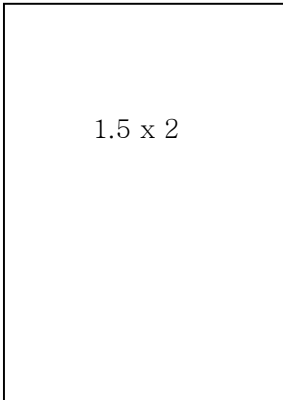
1541 Wilshire Blvd., 3<sup>rd</sup> Fl., Los Angeles, CA 90017

Tel: (213)413-9500 Fax: (213)413-5600 Email: mkelly@scalu.com

**APPLICATION FOR ADMISSION**

Master's Degree in Oriental Medicine & Acupuncture

SCU-SOMA does not discriminate on the basis of race, color, religion, sexual preference, marital status, national origin, age, or mental limitation in any of its practices.



**GENERAL INFORMATION**

Applying for Entry in:  Winter  Spring  Summer  Fall Year: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last (Family) First Middle

If known by any other name, please indicate here:

\_\_\_\_\_  
Last( Family) First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Social Security Number :        -        -               E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_        Birth Place: \_\_\_\_\_  
mm    dd    yy

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cellular \_\_\_\_\_

In case of Emergency: \_\_\_\_\_  
Names of Contact        Relationship        Phone Number

**ACADEMIC HISTORY**

Name of High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Colleges or University Attended (Please List in chronological Order)

	Name of Institution	Address	Dates Attended	Degree
1				
2				
3				
4				

Please provide the following information for statistical purposes only:

Gender:  Male  Female

Marital Status:  Married  Single  Other

The US Government asks us to report on the ethnic composition of our student enrollment

- White Non-Hispanic  Hispanic  African American  Asian or Pacific Islander  
 Other  Choose not to indicate

I certify that the information provided on this application is accurate and complete. If I am accepted as a student, I agree to abide by all rules of the University.

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Signature of applicant

Date

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**Application checklist: (Office Use Only)**

See catalog for admissions procedure. With this application, please send:

- Completed and signed application form
- \$100 non-refundable application fee
- Official, sealed transcripts from the college(s) you have attended sent directly to SCUSOMA.
- Essay (Personal Statement received)
- Two letters of recommendation
- Two recent photographs
- Admissions Interview with an admissions officer (Please arrange an appointment: 213-413-9522)
- Others \_\_\_\_\_

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Officer Name & Signature

Date